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Bib Data Sheet

CONFIRMATION NO. 9642

SERIAL NUMBER 10/788,606	FILING DATE 02/27/2004 RULE	CLASS 424	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. 601117-109
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** CONTINUING DATA *****

This application is a CON of 09/668,021 09/21/2000 PAT 6,803,453
 which is a DIV of 09/449,218 11/24/1999 PAT 6,395,511
 which claims benefit of 60/110,283 11/27/1998

XZ 8/22/2005

** FOREIGN APPLICATIONS *****

XZ 8/22/2005

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/04/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials XZ	WA	6	13	4

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TITLE

Antibodies associated with alterations in bone density

<p>FILING FEE RECEIVED 1182</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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